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## Criteria for Hospice: Pulmonary Disease

<ul> <li>Mark all that apply: 1 and 2 must be present for the terminal diagnosis to be pulmonary disease</li> <li>1. a. Disabling dyspnea at rest, poorly or unresponsive to bronchodialators, resulting in decreased functional capacity, e.g., bed to chair existence, fatigue and cough.</li> <li>b. Progression of end stage pulmonary disease, as evidenced by prior increasing visits to the emergency department or prior hospitalizations for pulmonary infections and/or respiratory failure.</li> </ul>		
<ul> <li>2. Hypoxemia at rest on room air, as evidenced by pO2 &lt; 55 mmHg or O2 sat &lt; 88%, or hypercapnia as evidenced by pCO2 &gt; 50 mmHg.</li> <li>(These values may be obtained from recent hospial records.)</li> </ul>		
<ul> <li>These factors will support eligibility for hospice care:</li> <li>□ 3. Cor pulmonale and right heart failure secondary to pulmonary disease</li> <li>□ 4. Unintentional progressive weight loss of greater that 10% of body weight over the preceding six months.</li> <li>□ 5. Resting tachycardia &gt; 100/min.</li> </ul>		
4. Comorbid Conditions- List all	Structural/Functional Limitations	Activity/Participation Limitations
5. Secondary Conditions i.e., fatigue, pneumonia, etc.	Structural/Functional Limitations	Activity/Participation Limitations
ICD9 Codes: (Mark appropriate  496 COPD 492.8 Emphysema 011.9 Tuberculosis	diagnosis)	